

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 601513 ✓  
 IA NUMBER: PCT/ EP99 / 00618 ✓  
 FAMILY NAME: THALLER ✓  
 GIVEN NAME: MARIA CRISTINA ✓  
 PRIORITY CLAIMED (Y/N): Y ✓  
 NO BASIC FEE (Y/N): N ✓  
 ATTORNEY DOCKET NUMBER: 1303 102 ✓  
 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 7038164000 ✓  
 NAME: NIXON VANDERHYE ✓  
 STREET: 1100 NORTH GLEBE ROAD ✓  
 8TH FLOOR ✓  
 CITY: ARLINGTON ✓  
 STATE/COUNTRY: VA ✓ ZIP: 22201 ✓  
 EMAIL:  
 APPLICATION TITLES:  
 METHOD FOR THE DETERMINATION OF PROSTHETIC INFECTIONS ✓

RECEIPT DATE: 08 / 02 / 00 ✓  
 IA FILING DATE: 01 / 01 / 99 ✓  
 DELAY WAIVED (Y/N): Y ✓  
 DEMAND RECEIVED (Y/N): Y ✓  
 PRIORITY DATE: 02 / 03 / 98 ✓  
 US DESIGNATED ONLY (Y/N): N ✓  
 COUNTRY:  
 FAX

TAB TO LAST POSITION,PUSH SEND